# EXHIBIT "N"



#### FOREMOST BASICS™ **DECLARATIONS PAGE**

5600 Beech Tree Lane P.O. Box 2450 Caledonia, Michigan 49316

POLICY NUMBER: 381-0066143572-02 RENEWAL OF: 381-0066143572-01

POLICY PERIOD BEGINNING 06/22/06 **ENDING** 06/22/07 12:01 A.M. STANDARD TIME

## YOU AS NAMED INSURED AND YOUR ADDRESS:

SAADE MOSLEM

2276 NEWYORK STATE ROUTE 302 MIDDLETOWN NY 10940

## YOUR POLICY IS SERVICED BY

CATHERINE MACRI

INSURANCE INTERMEDIARIES INC

593 ROUTE 211 E

elipointoi elector

MIDDLETOWN NY 10941-1715

**AGENCY CODE:** 319900436

**TELEPHONE:** 

(845) 692-2277

yedego kedeko kotika ya dikuben bedi ya dikuli

COVERAGES: Coverage is provided only where an Amount of Insurance or a Limit of Liability is shown and a premium is stated for the Peril Insured Against. Detailed descriptions and any limitations will be found in your policy.

## LOCATION# 1

	MPORT#	INT RATING	3 INFORM	ATION

2276 NEWYORK STATE ROUTE 302 PREMISES

DESCRIPTION: MIDDLETOWN NY 10940

1950 CONSTRUCTION: FRAME A YR. BUILT: TERRITORY: 4 BA3 **FAMILIES:** PROT. CLASS: FORM: PRIMARY RESP. FIRE DEPT.: OCCUPANCY:

COUNTY:

ORANGE WITHIN 1,000 FEET HYDRANT: WITHIN 5 MILES FIRE DEPT .:

## MORTGAGEE #1

LOAN NO.: 100006210

COUNTRYWIDE MORTGAGE VENTURE DB HUDSON HOME LOANS ISAOA MSNSV22 PO BOX 10212

VAN NUYS CA 91410-0212

## MORTGAGEE #2

LOAN NO.: 100006218

COUNTRYWIDE MORTGAGE VENTURE DB HUSDON HOME LOANS ISAOA

MSNSV22 PO BO 10212 VAN NUYS CA 91410

SE	CTION I COVERAGES	AMOUNT OF INSUR	ANCE ADDIL/RETURN PREMIUM	ANNUAT PREMIUM
A. C. D.	DWELLING PERSONAL PROPERTY ADDITIONAL LIVING EXPENSE (MAXIMUM 25% PER MONTH)	244,400 117,500 23,500	\$ \$ \$	1,134.00 558.00 118.00

\$1,000 ALL PERILS SECTION I LOSSES ARE SUBJECT TO A DEDUCTIBLE OF:

## 

SECTION II COVERAGES	iii ii d	E LIMIT OF	LIX8	IUITY and and		ADD'L/RETURN Premium	anteli	ANNUAL PREMIUM
L. COMP PERSONAL LIABILITY	\$	300,000	EA	ACCIDENT			Ş	70.00
M. MEDICAL PAYMENTS	\$	1,000	EA	PERSON			\$	5.00
FORMS/ENDORSEMENTS THAT APPL)	(TO L	OCATION	#	la de la compania de La compania de la co		ADDIL/RETURN PREMIUM	aleareir Agenija	ANNUAL PREMIUM
20002 01/93 BASICS SPECIAL COV								
20007 10/93 REDUCTION IN COV W 20018 00/00 BASICS DWELLING PO		ACANT/UNG	occ.					
20018 00/00 BASICS DWELLING PC 10053 04/02 AMENDMENT - NEW YC								
10084 03/99 COMPREHENSIVE PERS		LIABILITY	′					
20006 01/93 BROAD THEFT COVERA							\$	60.00
20050 09/95 REPLACEMENT COST/I			)				\$ \$	10.00
3491 09/99 WORKERS'COMPENSATI	ON -	NEW YORK						
DISCOUNTS/SURCHARGES THAT APP	LYTO	LOCATIC	N#		endi Ma	ADD:L/RETURN	aleksii Agapji	ANNUAL PREMIUM
OWNER OCCUPIED DISCOUNT		<del></del>					\$	-85.00
		ı	.oc	ATION #	1	Annual Premium	\$	1,870.00
		į	то	TAL ANNE	JAL	POLICY PREMIUM	\$	1,870.00

MINIMUM EARNED PREMIUM \$100

THIS DECLARATIONS PAGE WITH YOUR FOREMOST POLICY PROVISIONS AND ANY ENDORSEMENTS ISSUED TO FORM A PART THEREOF COMPLETES THE ABOVE NUMBERED POLICY.

Processed: August 31, 2007



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Form 80000 04/93 PAGE 2

## FOREMOST BASICS™ **DECLARATIONS PAGE**

FOREMOST" INSURANCE COMPANY

Home Diffee 5600 Beech Tree Lane O. Box 2450 Caledonia, Michigan 49315

POLICY NUMBER:

381-0066143572-02

RENEWAL OF:

381-0066143572-01

POLICY PERIOD BEGINNING 06/22/06

**ENDING** 06/22/07

12:01 A.M. STANDARD TIME

## YOU AS NAMED INSURED AND YOUR ADDRESS.

SAADE MOSLEM 2276 NEWYORK STATE ROUTE 302 MIDDLETOWN NY 10940

#### YOUR POLICY IS SERVICED BY

CATHERINE MACRI INSURANCE INTERMEDIARIES INC 117 ACADEMY AVE MIDDLETOWN NY 10940-5211

AGENCY CODE: 319900436

**TELEPHONE:** 

(845) 344-3373

YR. BUILT:

FORM:

coverages: Coverage is provided only where an Amount of Insurance or a Limit of Liability is shown premium is stated for the Peril Insured Against. Detailed descriptions and any limitations will be found it policy.

#### **LOCATION#**

IMPORTANT RATING INFORMATION	

TERRITORY:

PROT. CLASS:

RESP. FIRE DEPT .:

PREMISES

2276 NEWYORK STATE ROUTE 302

DESCRIPTION:

FAMILIES:

MIDDLETOWN NY 10940

CONSTRUCTION: FRAME

1

PRIMARY

OCCUPANCY: HYDRANT: FIRE DEPT .:

WITHIN 1,000 FEET

WITHIN 5 MILES

ORANGE COUNTY:

## MORTGAGEE #1

**LOAN NO.:** 100006210

COUNTRYWIDE MORTGAGE VENTURE DB HUDSON HOME LOANS ISAOA

MSNSV22 PO BOX 10212 VAN NUYS CA 91410-0212

# MORTGAGEE #2

LOAN NO.: 100006218

A

4

COUNTRYWIDE MORTGAGE VENTURE DB HUSDON HOME LOANS ISAOA

MSNSV22 PO BO 10212 VAN NUYS CA 91410

SE	CTION I COVERAGES		AMOUNT OF INSUR	ANCE ADD'L/RETURN PREMIUM	ANNI PREM
A. C. D.	DWELLING PERSONAL PROPERTY ADDITIONAL LIVING EXPENSE (MAXIMUM 25% PER MONTH)	\$ \$ \$	244,400 117,500 23,500	\$ \$ \$	1

SECTION I LOSSES ARE SUBJECT TO A DEDUCTIBLE OF: \$1,000 ALL PERILS

SECTION II GOVERAGES	Document 15-15 AMOUNT OF:	Filed 05/12/2008	DOLUMETURN ANN
L. COMP PERSONAL LIABILITY M. MEDICAL PAYMENTS	\$ 300,000 EA \$ 1,000 EA		\$ \$
FORMSZENDORSEMENTS THAT AP	PLY TO LOCATION #		ADD'L/RETURN ANNI PREMIUM PREM
20018 00/00 BASICS DWELLING 10053 04/02 AMENDMENT - NEW 10084 03/99 COMPREHENSIVE P 20006 01/93 BROAD THEFT COV 20050 09/95 REPLACEMENT COS	V WHEN VACANT/UNOCC FOLICY YORK ERSONAL LIABILITY	•	\$ \$
DISCOUNTS/SURCHARGES THAT A	PPLY TO LOCATION A		ADDIL/RETURN ANN PREMIUM PREM
OWNER OCCUPIED DISCOUNT			\$
	LOC	CATION # 1 Anni	ual Premium \$ 1
	<b>a (6</b>	TAL ANNUAL POLI	CY PREMIUM S 1

MINIMUM EARNED PREMIUM \$100

THIS DECLARATIONS PAGE WITH YOUR FOREMOST POLICY PROVISIONS AND ANY ENDORSEMENTS ISS FORM A PART THEREOF COMPLETES THE ABOVE NUMBERED POLICY.

Processed: April 24, 2006



Item Index - document

Policy/Tran Number: 0066143572

Product code: 381

Document description : RENEWAL

Document type : POLICY WITH BILL Insured Name : MOSLEM, SAADE

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